

## FUNERAL VEHICLE CREDIT APPLICATION

Call 1-866-496-7550 or Fax 1-866-622-5282

Attn: CREDIT

DEALER: CONCORD CAPITAL

Ph: 800-785-2830 Fax: 800-785-2830

Customor	Company Name OR Individual Last, First and Middle Name,						e, Suffix				DBA				
Customer Information	Company Address				С		City			State	Zip	Zip		County	
	Contact Person					Business Phone					Business Fax				
	Contact E-mail Stat					e Organization ID #				Federal Tax ID #					
Business	☐ Sole Proprietorship ☐ Limited Liabil☐ S Corporation ☐ General Part										•	Fleet S Annual	¢		
Туре	State of Incorporation Date Established				Yrs in Business				AVG # of Funerals Annually			Ψ			
0	1. Name				Title					% Ownership			Owner Since		
Owners, Partners and	Home Address				City, Stat			City, State	, Zip						
Guarantors (Attach separate	Home Telephone # Fax #				E-ma			ail			Social Sec	urity #		Date of Birth	
sheet if necessary)	2. Name				Title					% Ownership O		Owner Since			
	Home Address							City, State, Zip							
	Home Telephone # Fax #				E-ma	E-mail			8	Social Security #			Date of Birth		
	3. Name				Title	Title				% Owi			hip	Owner Since	
	Home Address					City, State, Zip				, Zip					
	Home Telephone # Fax #				E-ma			ail			Social Security #			Date of Birth	
Bank and Comparable Loan/Lease References	Bank Name Account				ınt Nu	Number (s) Contac				Contact	Phone #				
	Prior Vehicles Financed/Leased by A				Account Number (s			(s) Conta			ict		Pł	Phone #	
	Finance Company Acco				count Number (s)			Contact			Phone #				
Vehicle	Qty Manufacturer/Model (Description)				Deli			ivery Date		Equipment Cost		To	Total Cost		
Information (Attach separate sheet if necessary)	Year/Make/Model						Specifications				Delivery Date		Co	ost	
	Year/Make/Model						Specifications				Delivery Date		Co	ost	
	Year/Make/Model						Specifications				Delivery Date (		Co	ost	
	☐Vehicles are Addition - Reason					☐Vehicles are Replaceme				ent - Payment					
By submitting this Application, you grant consent to and authorize TCF Equipment Finance, Inc. and its agents ("TCFEF") to obtain commercial and consumer credit reports and make other credit inquiries that it determines necessary, and you represent that each individual listed on this Application as a principal, partner, owner, guarantor or obligor likewise has authorized TCFEF to obtain consumer credit reports and make other credit inquiries that it deems necessary on them. You also warrant the information on or accompanying this Application is true and complete, and you authorize TCFEF of any material change in any such information. You authorize TCFEF and any credit bureau or investigative agency to investigate the references, statements and other data on or accompanying this Application, and you authorize application and you authorize application is submitted in connection with financing solely for business and commercial purposes and NOT for personal, family or household purposes.  IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.															

EQUAL CREDIT OPPORTUNITY ACT. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact our Customer Service Representative, 11100 Wayzata Blvd, Suite 801, Minnetonka, MN 55305 (800-681-7474) within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3710, Houston, Texas 77010.

**Print Name** 

Signature X

Date